

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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**NAME OF COMMITTEE (In Full)**  
Abraham Senate 2000

<p><b>A. Full Name, Mailing Address and Zip Code</b> Ruth Skaff 2900 Connecticut Avenue, N.W. Washington, DC 20008-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Mosaic Foundation</p> <p><b>Occupation</b> Administrator</p> <p><b>Aggregate Year-to-Date -&gt;</b> 300.00</p>	<p><b>Date (month, day, year)</b> 09/25/2000</p>	<p><b>Amount of Each Receipt this Period</b> 300.00</p>
<p><b>B. Full Name, Mailing Address and zip Code</b> David Turfe 26802 Cecile Dearborn Heights, MI 48127-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Self-employed</p> <p><b>Occupation</b> Attorney</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>	<p><b>Date (month, day, year)</b> 09/26/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Dale Chiara 22018 York Mills Circle Novi, MI 48374-3870</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Design Systems</p> <p><b>Occupation</b> Comptroller</p> <p><b>Aggregate Year-to-Date -&gt;</b> 200.00</p>	<p><b>Date (month, day, year)</b> 08/08/2000</p>	<p><b>Amount of Each Receipt this Period</b> 200.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Dale Chiara 22018 York Mills Circle Novi, MI 48374-3870</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Design Systems</p> <p><b>Occupation</b> Comptroller</p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,000.00</p>	<p><b>Date (month, day, year)</b> 08/08/2000</p>	<p><b>Amount of Each Receipt this Period</b> 800.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Grover Norquist 718 North Carolina Avenue, S.E. Washington, DC 20003-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Grover Norquist &amp; Assoc.</p> <p><b>Occupation</b> President</p> <p><b>Aggregate Year-to-Date -&gt;</b> 500.00</p>	<p><b>Date (month, day, year)</b> 09/30/2000</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> Norman Bristol 2962 Sylvan Beach Drive Hickory Corners, MI 49060-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b> Retired</p> <p><b>Aggregate Year-to-Date -&gt;</b> 500.00</p>	<p><b>Date (month, day, year)</b> 08/01/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Vernon Mueller 9978 Saginaw Street Suite F Reese, MI 48757-9567</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b> Retired</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>	<p><b>Date (month, day, year)</b> 09/06/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>	<p>2,550.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>	